

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019347

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 16 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rock Township		Length of stay in 1b 32 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Arnold, Mo.		d. STREET ADDRESS (If outside, give location) near Arnold, Mo	
3. NAME OF DECEASED (Type or print) First Ruth Middle Hayes Last		4. DATE OF DEATH Month Apr. Day 29 Year 1962	
5. SEX Female	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 1, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME John Skellett		13b. MOTHER'S MAIDEN NAME Emma Sowman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT 1 James Hayes Arnold, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma (Generalized) DUE TO (b) Gravidy DUE TO (c) Colon		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1956 a.m. Apr 29/62 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Arnold Jefferson Mo		20f. CITY, TOWN, OR LOCATION Belleville, Ill.	
21. I attended the deceased from 1956 to Apr 29/62 and last saw her alive on Apr 28/62 Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert E. Bauer (Degree or title)	
22b. ADDRESS 5-2-62		22c. DATE SIGNED 4/30/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cem.	23d. LOCATION (City, town, or county) Belleville, Ill.
24. FUNERAL DIRECTOR Heiligttag--Imperial, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-62	
26. REGISTRAR'S SIGNATURE Robert E. Bauer			

MAY 17 1962

Rec'd 5-2-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur W. Neilltag

Licensed Embalmer No. 3872

P. O. Address Imperial Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.